

Practitioner's Docket No.: 1372.136.PRC

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Praveen K. Samudrala et al.)

Serial No.: 10/708,268)

Filed: 02/20/2004)

For: Method and Apparatus for Creating)
Circuit Redundancy in Programmable)
Logic Devices)

Art Unit: 2819

Examiner: Daniel D. Chang

Confirmation No.: 2267

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

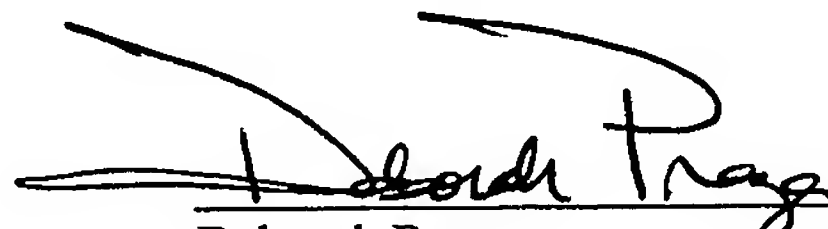
3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition and Fee for Extension of Time is attached hereto.

CERTIFICATE OF MAILING

(37 C.F.R. 1.10)

I HEREBY CERTIFY that this correspondence is being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee," mailing Label No. EV624409578US, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 10, 2005.

Dated: May 10, 2005


Deborah Preza

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	26	Minus	27	= 0	x \$25 =	\$0
Indep.	3	Minus	3	= 0	x \$100 =	\$0
First Presentation of Multiple Dependent Claim					+ \$180 =	\$0
					Total Addit. Fee	\$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
If any additional fee for claims is required, charge Deposit Account No. 500745.

Very respectfully,



SIGNATURE OF PRACTITIONER

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